

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: THE ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C., 20231, ON:



Date April 3, 1996 By: Gerald J. Swins

Patent

Attorney's Docket No. 010055-134

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
SIMON C. BURTON, et al.) **NON-FEE AMENDMENT**
Application No.: 08/468,610) Group Art Unit: 1808
Filed: June 6, 1995) Examiner: Jon P. Weber, Ph.D.
For: CHROMATOGRAPHIC RESINS AND)
METHODS FOR USING SAME)

RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a response for the above-identified patent application.

☒ A Petition for Extension of Time for three months is also enclosed.

☒ Also enclosed is a check in the amount of \$900.00, a Sequence Listing, and a computer-readable version of the Sequence Listing.

☐ _____ verified statement(s) claiming small entity status
[] are also enclosed [] were submitted previously.

☐ A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).

☐ The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'T'L FEE
Total Claims		MINUS =		x \$22 =	
Independent Claims		MINUS =		x \$78 =	
If Amendment adds multiple dependent claims, add \$250.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

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Date: April 3, 1996